

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

PAGE 1 of 2

INSPECTION REPORT
LAUNDRY AND DRY CLEANING

INSPECTION		GRADE	Inspection Date	ESTABLISHMENT NAME	
Regular		16/B	8/21/18	HEAVENLY CLEAN LAUNDROMAT	
Follow-Up			Inspection Time	OWNER/OPERATOR	
Complaint	✓		3 Hr. 15 Min. PM	HEAVENLY CLEAN LAUNDROMAT	
Investigation			Travel Time	LOCATION	
Other (Specify below)			4 Hr. 30 Min. PM	#102 WUSSTIG ROAD, DEDEDO	
			Sanitary Permit #	ESTABLISHMENT TYPE	PERMIT CATEGORY STATUS (Circle One)
			1K003090	PUBLIC LAUNDRY	Perm. /Temp. /Current /Expired

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

A REGULAR INSPECTION WAS CONDUCTED BASED ON COMPLAINT #18-132A REGARDING THE PRESENCE OF CROCKPOTS AND UNSANITARY CONDITIONS THROUGHOUT THE ESTABLISHMENT SUCH AS LEAKY TOILETS, LACK OF TOILET AND HAND TISSUE, DEBRIS AND TRASH INSIDE AND OUTSIDE THE ESTABLISHMENT, AND BROKEN EQUIPMENT. EVIDENCE WAS OBSERVED TO SUPPORT PARTS OF THE COMPLAINT AT TIME OF INSPECTION. PREVIOUS INSPECTION CONDUCTED 10/9/13 16(B).

1. THE FOLLOWING VIOLATIONS WERE OBSERVED:
FLOOR COVERINGS NOT CONSTRUCTED OF EASILY CLEANABLE MATERIAL (PAVE WOOD/CORRUGATED PLASTIC/CARDBOARD). DARK SUBSTANCE ACCUMULATING AT THE BASE OF SOME WASHERS.
FLOORS SHALL BE CONSTRUCTED OF EASILY CLEANABLE MATERIAL AND MAINTAINED TO PREVENT BACTERIAL GROWTH.

17. STAFF BATHROOM WITHOUT WORKING SELF-CLOSING DEVICE; NO MESH WINDOW SCREEN.
BATHROOMS SHALL HAVE SELF CLOSING DEVICES AND NO. 10 MESH SCREENS ON WINDOWS TO PREVENT PEST ACCESS.

18. NO WASTE RECEPTACLE PROVIDED IN CUSTOMER BATHROOM.
WASTE RECEPTACLE SHALL BE PROVIDED IN BATHROOM FOR PROPER WASTE DISPOSAL.

I have read and understand the above violation(s) and I am aware of the corrective measure to be taken.

*When any of the following items are cited above they shall be corrected within ten days of this inspection:
(7), (8), (9), (10), (11), (12), (14), (15), (19), (20), (21), (24), (25), (27), (32), (33), (34), (35), and (37).

RECEIVED BY (Name and Title)

VIRGIL W. QUEJA

DEH INSPECTOR (Name and Title)

J. GARCIA #PH101

TOSHIMIZU BPHO

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
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Other (Specify below)			4 Hr. 30 Min.	102 WILSON ROAD, DEDD	
			Sanitary Permit #	ESTABLISHMENT TYPE	PERMIT CATEGORY STATUS (Circle One)
			BS0003090	PUBLIC LAUNDRY	Perm. /Temp. /Current /Expired

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- | | | |
|--|---|---|
| 20 | LACK SOAP AND PAPER TOWEL AT SINKS.
SOAP AND PAPER TOWEL SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIENE | 4 |
| 27 | LACK OF TIGHT FITTING LID ON WASTE RECEPTACLE IN LAUNDRY AREA.
A WASTE RECEPTACLE WITH A TIGHT FITTING LID SHALL BE PROVIDED TO PREVENT ATTRACTION OF PESTS. | 4 |
| 30 | OUTER PREMISES LITTERED WITH BROKEN EQUIPMENT.
PREMISES SHALL BE FREE OF LITTER TO PREVENT PEST HABITAT. | 2 |
| PHOTOS TAKEN.
B PLACARD NO. 00941 ISSUED.
PIC BRIEFED ON ABOVE | | |

I have read and understand the above violation(s) and I am aware of the corrective measure to be taken.

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RECEIVED BY (Name and Title)

VIRGIL W. QUERAN

DEH INSPECTOR (Name and Title)

T. SHIMIZU / J. GARCIA